ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS Washington, DC 20231

PATENT Date: August 13, 2001 File No. 1650.65513

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Transmitted herewith for filing is the patent application of

inventor(s):

Dr. Arthur Palmer

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	For:		BLOOD PUMP	Date				
	Enclo	sed a	are:		ហ			
	(X)		29 pages of specification, including 31 claims and an ab	stract.	· 10 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -			
	(X)	29 pages of specification, including 31 claims and an abstract. an executed oath or declaration, with power of attorney. an unexecuted oath or declaration, with power of attorney.						
	()	an unexecuted oath or declaration, with power of attorney.						
	()	sheet(s) of informal drawing(s).						
	(X)							
	()	Assignment(s) of the invention to						
	()	Assignment Form Cover Sheet.						
	()	A check in the amount of \$ to cover the fee for recording the assignment(s) is enclosed.						
	()	Information Disclosure Statement.						
	()		orm PTO-1449 and cited references.					
	()	Associate power of attorney.						
	()		riority Document.					
	()	Re	equest for Corrected Filing Receipt					
	Fee Calculation For Claims As Filed							
		a)	Basic Fee		\$ <u>710.00</u>			
	-1	b)	Independent Claims $\underline{6} - 3 = \underline{3}$	x \$80.00 =	\$_240.00			
Ü		c)	Total Claims $31 - 20 = 11$	x \$18.00 =	\$ <u>198.00</u>			
		d)	Fee for Multiple Claims	\$260.00 =	\$			
	Total Filing Fee \$_1148.00							
	(X)	Applicant is an independent inventor and Small Entity, reducing Filing Fee by half to \$574.00						
	(X)	A check in the amount of \$ 574.00 to cover the filing fee is enclosed.						
	()	Charge \$ to Deposit Account No. 07-2069.						
	()	Other						
	(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.							
	Suite 2 Chicag (312) 3	500 o, III 60-0	linois 60606 0080 By:	BURNS & CRA	AIX, LTD.			
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